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K A N S A S
KANSAS HEALTH POLICY AUTHORITY

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Deputy Director

Memorandum

To: Dr. Marci Nielsen
From: Scott Brunner
Date: 8/24/2006
Re: Presumptive Eligibility Pilot Project

I wanted to bring you up to date on our work to meet the requirements of the proviso in the FY 2007 budget bill regarding presumptive eligibility for children. The Legislature required KHPA to report on presumptive eligibility (PE) including a detailed description of implementation at the state and provider level and the anticipated number and cost of children served.

A team of KMAPs staff has been working on the implementation of PE since January 2006. The group involved staff from the eligibility policy group, the Clearinghouse, SRS, Maximus and EDS. The team leads worked with advocates from the Kansas Association for the Medically Underserved and the Kansas Hospital Association to identify potential implementation sites. The work plan included writing new eligibility policy for field and Clearinghouse staff to follow and an entirely new front end process for Maximus to process the initial application. We internally developed a case tracking system and a new electronic tool for the entities designated to perform the eligibility screening. The largest change we made was to allow for a partial month of eligibility, depending on the initial date that a child is screened through presumptive eligibility.

We provided estimates during the Governor's budget review and during the Legislative session about the impacts of PE. This was based on the experience of other states with PE processes and our historical rates of enrollment. We also interviewed Medicaid staff from Missouri and reviewed the process in place at Children's Mercy Hospital. From those interviews, we learned about the Missouri process to help identify any potential pitfalls in the implementation. However, that review did not tell us how many children to expect that would come through the presumptive eligibility screening. To meet the Legislative mandate to provide detailed cost and enrollment estimates, I decided roll out the screening tool and process to a limited number of pilot sites. The pilot will help test the validity and reliability of the PE tool and process and give us some idea of the take up rate before a full implementation is launched.

The pilot project involved identifying potential sites, activating the minimum necessary changes to the eligibility and claims system, and providing training and materials to the pilot sites. KHPA staff trained 10 financial counselors at Children's Mercy Hospital on June 13, in anticipation of a July 1 start date for the pilot. The three hour training describes the rules about Medicaid eligibility, how to use the tool, and the process for submitting the tool to the Clearinghouse for a final determination. The designated PE sites also agree to help the consumer complete the full medical assistance application to meet the 30 day guideline. Since July 1, the Children's Mercy site has identified 6 children in 3 families that were presumptively eligible and each successfully completed a full application.

Our next pilot site is in Wichita. We are training 20 financial counselors from Via Christi Hospital and 8 from Grace Medical Health Clinic. This training will also be attended by SRS Wichita regional office staff. WE hope to have this site up and running by August 1.

The evaluation component of the project includes reviewing each case that makes it through PE to verify that all of the criteria were met and that the final eligibility determination is correct. We also plan to follow up with each family with a survey and continuously evaluate the progress of the hospital and clinic staff to learn their reactions to the process and the tool. The pilot will also provide information about whether the program is designed to function easily in the hospital or clinic setting. We also want to verify that the hospitals are following all of the rules and requirements for the presumptive evaluation and that they are providing accurate information during the formal application process. Evaluation of each site and individual surveys with participants will be completed by December, and results will be summarized in the report to the legislature. In addition to the process evaluation, claims will be reviewed to analyze the types and costs of services provided during the presumptive eligibility period.

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